

# **Exhibit A-3**

Third UCC

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME &amp; PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

L. E. (Ted) Brizzolara, III  
 McCall, Parkhurst & Horton L.L.P.  
 717 North Harwood  
 9th Floor  
 Dallas, Texas 75201

**05-0037658781****12/09/2005 11:02 AM****FILED**TEXAS  
SECRETARY OF STATE**SOS****111144630004**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

Christian Care Centers, Inc.

OR

1b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS

1000 Wiggins Parkway

CITY

Mesquite

STATE

TX

POSTAL CODE

75150

COUNTRY

US

1d. TAX ID #: SSN OR EIN

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

1e. TYPE OF ORGANIZATION

Nonprofit Corporation

1f. JURISDICTION OF ORGANIZATION

Dallas County

1g. ORGANIZATIONAL ID #, if any

TX-0009048001

☐ NONE2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

2d. TAX ID #: SSN OR EIN

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

☐ NONE3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

JPMorgan Chase Bank, National Association, as Trustee

OR

3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

600 Travis Street, Suite 1150

CITY

Houston

STATE

TX

POSTAL CODE

77002

COUNTRY

US

4. This FINANCING STATEMENT covers the following collateral:

The Trust Estate as described in the Amended and Restated Master Trust Indenture, Deed of Trust and Security Agreement, dated as of September 15, 1996 and effective as of December 1, 2005, as supplemented, between the Secured Party and Debtor.

5. ALTERNATIVE DESIGNATION (if applicable): ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAIOLR ☐ SELLER/BUYER ☐ AG LIEN ☐ NON-UCC FILING6. ☐ This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum ☐ if applicable. 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) ☐ (optional). ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA

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A. NAME &amp; PHONE OF CONTACT AT FILER [optional]

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 717 North Harwood  
 9th Floor  
 Dallas, Texas 75201

**05-0037658670****12/09/2005 11:02 AM****FILED**TEXAS  
SECRETARY OF STATE**SOS****111144630003**

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1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

Christian Care Centers Foundation, Inc.

OR

1b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS

1000 Wiggins Parkway

CITY

Mesquite

STATE

TX

POSTAL CODE

75150

COUNTRY

US

1d. TAX ID #: SSN OR EIN

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

1e. TYPE OF ORGANIZATION

Nonprofit Corporation

1f. JURISDICTION OF ORGANIZATION

Dallas County

1g. ORGANIZATIONAL ID #, if any

TX-0120697201

☐ NONE2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

2d. TAX ID #: SSN OR EIN

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

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JPMorgan Chase Bank, National Association, as Trustee

OR

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6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum if applicable:	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional)		<input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2			
8. OPTIONAL FILER REFERENCE DATA						